

# **Utilization Hardware Shipping & Transportation via DD1149 or Equivalent**



## **Utilization Payload Shipping Instructions**

KSC Utilization

#### **On-Line**

DD1149 or IP/P Packing Sheet (or Equivalent Form)

#### To:

Transportation Officer PGOC Warehouse Bldg. M6-698 Kennedy Space Center, FL 32899

#### Mark For:

Logistics Mission Rep: (insert name, mail code/phone Number)

#### KSC Point of Contact:

Customer Integration Manager: (insert name, mail code/phone Number)

Additional contacts: add as required

Location use: Building and room

#### Include on Form:

- 1. Utilization Payloads
- 2. Identify for: On-line processing
- 3. Identify Flight or Non-Flight
- 4. Identify Mission Number
- 5. Identify Payload Name
- 6. Must address any issue affecting KSC on-line processing, or note "no issues for KSC on-line processing", or note that "issues affecting KSC KSC on-line processing are addressed in the IDP. These statement on the shipper must be "validated" with a Quality stamp or customer signature.

#### Off-Line

DD1149 or IP/P Packing Sheet (or Equivalent Form)

#### To:

Transportation Officer
PGOC Warehouse Bldg. M6-698
Kennedy Space Center, FL 32899

#### Mark For:

Owner name, phone number

#### KSC Point of Contact:

Customer Integration Manager:
 (insert name, mail code/phone Number)

Additional contacts: add as required

Location use: Building and room

#### Include on Form:

- 1. Utilization Payloads
- 2. Identify for: Off-line processing
- 3. Identify Flight or Non-Flight
- 4. Identify Mission Number
- 5. Identify Payload Name
- 6. Must address any issue affecting KSC on-line processing, or note "no issues for KSC on-line processing", or note that "issues affecting KSC KSC on-line processing are addressed in the IDP These statement on the shipper must be "validat with a Quality stamp or customer signature.



## **DD1149 Continuation Sheet**

KSC Utilization

		R	REQUISITION AND INVOICE / SHIPF	PING DOCUM	ENT (Continuation	n Sheet)			OMB No.	pproved 0704-0246 ct 31, 1991
needed, o Washi	and completing	g and reviewing the col	formation is estimated to average 1 h llection of information. Send commer orate for Information Operations and l ashington, DC 20503.	nts regarding t	his burden estimate	or any other aspect	of this collection	of information	n, including suggestions for re-	ducing this burden,
SHEET N	NO.	NO. OF SHEETS 2	REQUISITION NUMBER     Leave blank unless such da     instructions	ta included i	n shipping	11.A. VOUCHE DATE Enter nu shipping contra this shipping do his property acc	mber assigned ctor/provider to ocument and to	by identify	b. VOUCHER NUMBER AN Indicate date the vouche assigned (YYMMDD)	
ITE M NO.	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES  (b)			UNIT OF ISSU E (c)	QUANTITY REQUEST ED (d)	SUPPLY ACTION (e)	TYPE CON- TAIN ER (f)	CON- TAINER NOS. (g)	UNIT PRICE	TOTAL COS
	Use manufacturer's part number and description of item Include serial number and model number Advise if items(s) are "Flight" hardware				Enter Qty. Requisitio ned	Enter Qty. being shipped	Woo d etc	Numb er of each contai ner	Cost of each item, reasonable estimate is acceptable	Unit price multiplied by the total number of applicable items shippe
	When appropriate, the Quality Assurance Representative will place verification stamp or signature in Block 4b following the last item entered.									
	The DD F		mum, should be distributed							
	1 Copy – 1 Copy – 1 Copy – 1 Copy – 1 Copy –	Attached to original Attached to Transpo Carrier Quality Assurance	consignee as advance copy l copy of Bill of Lading ortation Office copy of GBL Representative ator (if required for information							
									SHEET TOTAL	Total of Column



## **DD1149 Shipping Document**

KSC Utilization

					_	INVOICE			_				OMB No Expires N	Approved . 0704-0246 1ar 31, 1993		
collection of	of information.	Send comments	s regarding this Suite 1204, Arlin	burden estim ngton, VA 22	nate or any othe 202-4302, and t	r aspect of this col o the Office of Mai	lection of informa nagement and Bu	tion, including s idget, Paperwo	suggestions for re rk Reduction Proj	ing existing data sou ducing this burden, ect (0704-0246), Wa FURN COMPLETED	to Washington F shington, DC 2	Headquarters Ser 0503.	the data needed, and com vices, Directorate for Info	pleting and reviewing the mation Operations and		
FROM: (Include Zip Code)     Accountable Owner, Contractor or Agency     Contract Number if Applicable     Complete Address								SHEET NO. 1	NO. OF SHEETS 2	5. REQUISITI Leave blank u data included instructions	inless such	Leave bla	6. REQUISITION NUMBER Leave blank unless such data included in shipping instructions			
										UIRED (YYMMD cluded in shipping			8. PRIORITY Leave blank unless such data included in shipping instructions			
	ansportation	Officer uilding M6-698	8					9. AUTHO	RITY OF PURF	POSE			authorized shipmer	t or transfer		
	Space Cent							Signature of authorized sending representative in					11a. VOUCHER NUMBER & DATE (YYMMDD) Enter number assigned by shipping contractor/provider to identify this shipping document and to credit his property account.			
Point of C (For Miss	ion Specific	e, Mail Stop, P	signed Missio		uld be the PO	0			SHIPPED (YYI e the item is	MMDD) picked up by th	e carrier	11b. Indicate d	ate the voucher nui D)	mber was assigned		
Contract Documen	Number (if both Mission an	eing transferre d Flight Numb	d for eventual er (Ex: STS 1	l accountat 10/8A)	pility)			used. Ra	ilroad, Gover	T Enter the type nment truck, air	craft etc.	or Governm accomplish	14. BILL OF LADING NUMBER Enter the commercial or Government bill of lading number on which shipment is accomplished			
Note: If	Utilization	Asset, mark	if for "off-li	ne" or "o	n-line" proc	essing			OVEMENT DES	SIGNATOR OR P le	ORT REFER	ENCE NO.				
Cite app	licable data	S SYMBOL AN a if specified s for all bloc	in the shipp	oing	OBJECT CLASS	EXPENDITUR (from)	E ACCOUNT (to)		ARGEABLE CTIVITY		AU CONTROI FIVITY NO.		BUREAU CONTROL NO.	AMOUNT		
ITEM NO.	FEDERA		RIEL AND/OR		AND CODING S	OF ISSUE	QUANTI REQUES		SUPPLY	TYPE CON- TAINER	CON- TAINE NOS.	R	UNIT PRICE	TOTAL COST		
(a)	Use manu	ıfacturer's pa	(b) art number a	and descri	iption of item	(c) n ea.box et	(d)	y. Ent	(e) ter Qty. being s	hipped. Wood	etc. Number	of	(h) Cost of each item,	(I) Unit price multiplied		
by	Include se	rial number	and model r	number			requisit	ioned			each	container	estimate is accept	able the total number		
		tems(s) are	'Flight" hard	ware										applicable		
items	When app	ropriate, the	Quality Ass	surance R	epresentativ	re will place ve	erification sta	mp or signa	iture in Block	4b following th	e last item e	entered.	shi	oped		
DD Form	n 1149, "Re	equisition an	d Invoice/Sh	hipping D	ocumentatio	n (Continuatio	on sheet)" wil	l be used if	more than on	ie page is requi	red for a sin	gle shipment	i.			
16. TRAN	SPORTATION	VIA MATS OR I	MSTS CHARGE	ABLE TO C	ite appropriate	funds for these	items as calle	d for 17	7. SPECIAL HA	NDLING Enter so	ecial handling	requirements.	. (i.e. fragile etc.) use o	ontinuation sheet if needed		
18. Reca	pitulation of s	hipment Ente	r appropriate d		shipments are	of such a magn		information w	ill be helpful	19. RECEIPT D	ATA For use	by the consign	ee			
ISSUED		TOTAL CON- TAINERS	TYPE CON- TAINER		DE	SCRIPTION		TOTAL WEIGHT	TOTAL CUBE	CONTAINE RECEIVE EXCEPT	D Γ	ATE (YYMMDD	)) BY	SHEET TOTAL Total of first sheet, all column (i)		
V.N. PHA CHECKE										AS NOTE QUANTITI RECEIVE EXCEPT AS N	ES DA	ATE (YYMMDD	BY	GRAND TOTAL		
PACKED	BY									POSTE	D/	ATE (YYMMDD	D) BY	20. RECEIVER'S VOUCHER NO.		
V.N PHA	М			+		OTAL	<b>→</b>									



## **UF-2 Schedule**

KSC

#### Utilization

			R	EQUISITION AND INVOICE / SHIP	PING DOCUM	ENT (Continuation	Sheet)				pproved 0704-0246 ct 31, 1991	
	Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, a completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0246), Washington, DC 20503.											
SHEET NO.  NO. OF SHEETS  Control of the second of the sec					included in s	hipping	11.A. VOUCHER N Enter number assig contractor/provider t document and to cre	NOUCHER NUMBER AND Indicate date the voucher nassigned (YYMMDD)				
	ITEM NO.	FEDERAL	MATERIEL AND		UNIT OF ISSUE	QUANTITY REQUESTED	SUPPLY ACTION	TYPE CON- TAINER	CON- TAINER NOS.	UNIT PRICE	TOTAL COST	
	(a)	Include serial Advise if iter Advise if iter Advise if iter Iter Advise if iter Iter Iter Iter Iter Iter Iter Iter I	al number and mode ms(s) are "Flight" har opriate, the Quality A ation stamp or signatered.  m 1149 as a minimular onsigner ailed or faxed to constached to original contached to Transportal arrier uality Assurance Rep	and description of item I number I numb	Ea .box etc.	Enter Qty. Requisitioned	(e) Enter Qty. being shipped	(f) Wood etc	(g) Number of each container	(h) Cost of each item, reasonable estimate is acceptable	Unit price multiplied by the total number of applicable items shipped	
										SHEET TOTAL	Total of Column	



### **UF-2 Schedule**

KSC Utilization

SHIPPING

CONTAINER  $\rightarrow$  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

CONT	AINER $\rightarrow$ 1 2 3 4 5 6 7 8 9 10 1	1 12 13 14 15 16 17	18 19 20 21 22	2 23 24	25 26 27 28	3 29 30 31	32 33 34	35 36 3	37 38 39	40 41 42 43	44 45 4	16 47 48 49 50	
	REC		Form Approved OMB No. 0704-0246 Expires Dec. 13, 1999										
The puneeded Depart aware	blic reporting burden for this collection of infor I, and completing and reviewing the collection ment of Defense, Washington Headquarters S ihat notwithstanding any other provision of law	rmation is estimated to average of information. Send comme Services, Directorate for Inform, no person shall be subject (	ge 1 hour per responents regarding this bunation Operations are to any penalty for fail	se, includir urden estim nd Reports ling to com	ng the time for re nate or any other (0704-0246), 12 ply with a collect	eviewing instr r aspect of thi 215 Jefferson ction of inform	uctions, searc is collection of Davis Highwa ation if it does	hing existi information y, Suite 12 not displa	ng data sour on, including 204, Arlingto by a currently	rces, gathering an suggestions for i on, VA 22202-43 y valid OMB conti	nd maintain reducing the 02. Respo rol number.	ing the data e burden, to ndents should be	
1. FR	OM: (Include ZIP Code)	SHEET NO. OF 5. REQUISITION 6. REQUISITION NUMBER NO. SHEETS DATE						ER					
					7. DATE MA	ATERIAL RE	EQUIRED ()	YYYMMD	D) 8	. PRIORITY			
2. TO	: (Include ZIP Code)				9. AUTHOR	ITY OR PU	RPOSE		<u> </u>				
					10. SIGNAT	URE			11a. VOU	JCHER NUMBI	ER & DAT	E (YYYMMDD)	
3. SH	IP TO - MARK FOR				12. DATE SHIPPED (YYYMMDD) b.								
İ					13. MODE OF SHIPMENT 14. BIL					LL OF LADING NUMBER			
					15. AIR MO	VEMENT D	ESIGNATO	R OR PC	RT REFE	RENCE NO.			
4. AP	PROPRIATIONS DATA										AMOL	INT	
	T		1				TYPE	1 001	. 1				
ITEM NO. (a)	FEDERAL STOCK NUMBER, DESCI	UNIT OF ISSUF (c)	QUANTITY REQUESTE (d)			CON TAINE NOS	NER OS. UNIT PRICE TO		OTAL COST (i)				
I													
	 RANSPORTATION VIA MATS OR MST ECAPITULATION OF SHIPMENT	S CHARGEABLE TO		17. SPE	CIAL HANDL	ING							
ISSUED BY Total Containers Type Container						DESCRIPTION TOTAL						TOTAL CUBE	
CHEC	KED BY												
PACK	ED BY												
	ECEIPT TAINERS REC, EXCEPT AS NOTED	DATE (YYMMDD)	1	ВУ			1	SHEET	ΓΩΤΔΙ	I			
	QUANTITIES REC. EXCEPT AS NOTED         DATE (YYMMDD)         BY           POSTED         DATE (YYMMDD)         BY					SHEET TOTAL  GRAND TOTAL  20. RECEIVER'S VOUCHER NO.							
	FUSILD	DATE (TIMINIDO)		וטו				ZU. NEU	LIVERS	VOUCITER NO	•		

<sup>51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</sup> DD Form 1149 (Rev Jan 97) Previous Edition May Be Used. (MS Word May 96)